

# SOUTHERN & EASTERN AFRICA PARLIAMENTARY COMMITTEES ON HEALTH (SEAPACOH)

## STRATEGIC PLAN 2009 - 2013



May 2009



# TABLE OF CONTENTS

List of Acronyms	2
Foreword	3
Executive Summary	5
<b>1.0 INTRODUCTION</b>	<b>7</b>
1.1 Background	7
1.2 Vision, Mandate, Mission And Values	7
1.2.1 Vision	7
1.2.2 Mandate	7
1.2.3 Mission	8
1.2.4 Core Values	8
1.2.5 Governance and Management	9
1.2.6 Funding	9
<b>2.0 SITUATIONAL ANALYSIS</b>	<b>10</b>
2.1 Health Equity and Funding	10
2.2 SEAPACOH's Distinctive Competence	12
<b>3.0 PRIORITY AREAS, STRATEGIC OBJECTIVES AND INTERVENTIONS</b>	<b>12</b>
3.1 Priority Areas of Focus	12
3.2 Goal, Objectives and Strategic Interventions	12
<b>4.0 MONITORING AND EVALUATION STRATEGY</b>	<b>13</b>
<b>SEAPACOH's Strategic Framework</b>	<b>14</b>
<b>APPENDIX: A SWOT PROFILE OF SEAPACOH</b>	<b>16</b>

## LIST OF ACRONYMS

AGM	Annual General Meeting
AIDS	Acquired Immunity Deficiency Syndrome
CSO	Civil Society Organization
ESA	East and Southern Africa
EQUINET	Regional Network for Equity in Health in East and Southern Africa
GEGA	Global Equity Gauge Alliance
HIV	Human Immuno Deficiency Syndrome
MDGs	Millennium Development Goals
MP	Member of Parliament
MOU	Memorandum of Understanding
NGO	Non-Governmental Organization
PF	Parliamentary Forum
SADC	Southern Africa Development Community
SC	Steering Committee
SEAPACOH	Southern and East African Parliamentary Committees of Health and HIV
REC	Regional Economic Commission

## FOREWORD

The successful production of the Southern and East Africa Parliamentary Committees for Health and HIV and AIDS's [SEAPACOH] five year [2009 – 2013] Strategic Plan Framework shows that the networking of these Parliamentary portfolio Committees for Health in the East and Southern regions of Africa has progressed tremendously in their endeavor to enhance the effectiveness of the committees and in addressing the issues of inequity in health and HIV and AIDS, and in such areas as in the resource allocation through budgetary oversight, policy and legislative oversight and other critical health related issues affecting the region.

The Strategic Framework also represents a growing sense of cooperation between SEAPACOH and its Civil Society partners for health and HIV and AIDS. It also signifies the growing democratization of the parliamentary processes brought about by the Reformation of Parliamentary processes that were undertaken by most parliaments in the regions.

The detailed framework gives an opportunity for the network, and for the individual national committees to use it for enhancement of their efforts in addressing the health challenges, and using their legal mandates, and in accordance with the parliament terms of reference.

I would like to thank all those who contributed to the formulation of this five year strategic framework, and in particular; the SEAPACOH founding Steering Committee members, and EQUINET, for laying the founding strategic document (Kafue 2005) that gave birth to this 5-year framework; the enlarged Steering Committee (Uganda 2008); and, PPD-ARO for the technical support and coordination of the meeting (Uganda April 2009) that produced the Strategic framework; as well as all SEAPACOH's stakeholders, (EQUINET, PPD-ARO, DSW, CWGH, UNFPA, CAPAH, APHA, APHRC) for their qualified expertise and input that helped define the framework. May I also take this opportunity to, once again, thank EQUINET and PPD-ARO for their continuous support leading to SEAPACOH achievements in general, and in particular, the production of this five year strategic framework.

My special thanks also go to colleagues in the steering committee and who represent the national committees of Zimbabwe, Malawi, Zambia, Uganda,

Mozambique, Kenya, and Tanzania, for their unwavering commitment to the work of SEAPACOH, and during the process of the formulation of the strategic plan. I do have every reason to believe that the combined efforts of SEAPACOH membership, who represent the national committees of Botswana, Swaziland, Namibia, Lesotho, South Africa, Burundi, Rwanda, Angola and DRC will bring the results which SEAPACOH was established to achieve.

I look forward to the implementation of this 5 year Strategic Plan.



HON. Blessing Chebundo  
SEAPACOH Chairperson  
Parliament of Zimbabwe  
Email; [chebundob@yahoo.com](mailto:chebundob@yahoo.com)

## EXECUTIVE SUMMARY

**H**ealth has, by its very nature exerts strong influence and impacts on many aspects *of a country's population from the cradle to the grave.* The deterioration and potential collapse of health sectors remains one of the greatest challenges facing Sub-Saharan African governments. This situation will continue to exacerbate the rising mortality and morbidity brought on by HIV/AIDS among the poor and vulnerable sections of the populations in various countries. Yet many African countries rank health fourth or fifth in national budget allocation often behind defense, education and other sectors. This anomaly exists despite the reality that failures and deficiencies in health delivery have immediate negative effects and lasting damaging consequences on the population. The lack of financial resources is often cited as one reason why health budget allocation is inadequate and consequently the service delivery is poor. However, studies indicate that health systems can improve health status in high risk groups and reduce health inequalities for all provided due prioritization is accorded to the health sector by governments and other stakeholders. The challenge for elected representatives and Parliaments within the SADC and East African Regions is to champion the need for equity in health through correct policies and resource allocation that benefit the poor and high risk groups.

Inequity in resource allocations for the health sector and the devastating impact of the HIV and AIDS epidemic on the populations of countries in Sub-Saharan Africa are two of the most pressing reasons for the formation of the SEAPACOH network. The network seeks to enhance the effectiveness of the portfolio committees on health in legislative oversight, budget oversight and other relevant activities through the coordination and networking role of a well-established SEAPACOH.

Through a participatory process, SEAPACOH has formulated its strategic direction and articulate the Alliance's priority areas of business focus and strategic interventions during the period 2009-2013. The three main areas of focus identified include:

- Ensuring needs-based resourcing of the health sector
- Ensuring effective domestication, implementation and compliance with agreed upon commitments in the health sector by governments, and
- Ensuring sustainability of the Alliance

The Alliance will work in close collaboration amongst its members and make links with other parliamentary committees and networks important for health to address specific objectives focusing on attainment of the goal of nurturing a culture of health as a basic human right for all the people of the member countries. Strong linkages will similarly be developed with other partners at national, regional and international level.



# 1.0 INTRODUCTION

## 1.1 Background

The initiative to coordinate and focus the activities of Parliamentary Committees on Health was launched in August 2003 at Birchwood Hotel in Johannesburg, South Africa. The theme of the meeting jointly organized by EQUINET, GEGA and SADC PF focused on the theme 'Parliamentary Alliances for Equity in Health'. The meeting discussed how to strengthen the work and capacities of Parliamentary Committees on Health to promote SADC objectives in health and to build cooperation with the above organizations.

The follow-up meeting held in January 2005 at Kafue Gorge Hotel Zambia by Parliamentarians from Angola, Botswana, Kenya, Malawi, Namibia, Zambia, South Africa, Swaziland and Zimbabwe resulted in the launch of the interim Steering Committee of the Southern and East African Parliamentary Committees on Health (SEAPACOH). Formation of SEAPACOH was in line with similar regional networks intended to strengthen the level of collaboration and liaison among Parliamentarians in the region. SEAPACOH membership has since grown to include Lesotho, Mozambique, Tanzania and Uganda.

## 1.2 Vision, Mandate, Mission And Values

### 1.2.1 Vision

*Health for all as a fundamental human right*

### 1.2.2 Mandate

SEAPACOH strives:

- i) To nurture a culture of health as a basic human right as well as establish consistent collaboration among Parliamentary Committees on Health in ESA Region as a means of achieving individual and regional objectives of health for all
- ii) To promote community participation and involvement in public health issues affecting the population
- iii) To strengthen linkages with key stakeholders including civil society organizations and state and non-state professionals in Health at

regional level in order to increase health promotion, strengthen public participation, provide leadership and enhance responses to Health challenges including HIV and AIDS.

- iv) To undertake any other activities in line with the Alliance's Vision and Mission

### **1.2.3 Mission**

To provide consistent collaboration of the Parliamentary Committees on Health in the ESA Region in their representational, legislative, budgetary processes including appropriation and oversight roles to achieve health for all.

### **1.2.4 Core Values**

SEAPACOH is guided by the following institutional values.

#### *Shared concerns*

SEAPACOH members share common concerns regarding the health sector including the current inequity in resource allocations for the health sector and the devastating impact of the HIV and AIDS epidemic on the populations of countries in Sub-Saharan Africa, among other concerns.

#### *Common voice*

SEAPACOH presents an opportunity for unified, strong and coordinated advocacy for effective action to be taken on the health sector issues of concern to the Alliance.

#### *Commitment to equity and equality*

SEAPACOH believes that sound health is a fundamental human right that must be accessible to all regardless of gender or socio-economic circumstances, calling for resources to be allocated preferentially to those with greatest health needs and for public policies to address avoidable inequalities in health.

#### *Adherence to democratic principles*

The Alliance believes that power belongs to the people who must be

enabled to have their expectations and voices heard through free and fair representational processes. On its part, SEAPACOH conducts its affairs in a democratic and transparent manner at all times

*Sharing of lessons learnt and best practices*

Members of the Alliance value the unique opportunity that SEAPACOH presents for exchange of experiences, views and success stories that add value to their Parliamentary roles and responsibilities.

*Solidarity and Collaboration*

SEAPACOH members keenly believe in their calling; stand up for one another, and seek to forge mutually beneficial linkages amongst the members and with all their strategic partners in promoting equitable and fair allocation of health sector resources to uplift health for all.

### **1.2.5 Governance and Management**

SEAPACOH is governed by a Steering Committee (SC), which currently comprises of Zimbabwe (Chairperson), Kenya, Malawi, Mozambique, Tanzania, Uganda and Zambia. The Secretariat is provided by Zimbabwe.

### **1.2.6 Funding**

SEAPACOH is a voluntary membership initiative largely supported by development partners and in-country technical and financial support.

## 2.0 SITUATIONAL ANALYSIS

### 2.1 Health Equity and Funding

Inequity in resource allocations for the health sector and the devastating impact of the HIV and AIDS epidemic on the populations of countries in Sub-Saharan Africa are two of the most pressing reasons for the formation of the SEAPACOH network. The network seeks to enhance the effectiveness of the portfolio committees on health in legislative oversight, budget oversight and other relevant activities through the coordination and networking role of a well-established SEAPACOH.

Many African countries rank health fourth or fifth in national budget allocation often behind defense, education and other sectors. This anomaly exists despite the reality that failures and deficiencies in health systems have immediate negative effects and lasting damaging consequences on the population. Research and various studies carried out by EQUINET in a number of sub-Saharan countries have highlighted the need for targeted resource allocation to reduce inequities in the health system especially among vulnerable groups within the population. The lack of financial resources is often cited as one reason why health budget allocation is inadequate and consequently the service delivery is poor. The studies indicate that health systems can improve health status in high risk groups and reduce health inequalities though:

- Redistributing budgets towards prevention
- Improving access to and quality of rural, informal urban and primary care infrastructures and services.
- Deploying and orienting health personnel towards major health care problems.
- Supporting personnel with adequate resource inputs
- Ensuring fairer distribution of resources between the public and private sector programs.
- Investing in comprehensive primary health care, especially at community level
- Encouraging effective use of services by improving dissemination of information on prevention and early management of illness
- Removing cost barriers to primary care services at point of use

- Empowering communities and involving them and their organisations (particularly those working with socially disadvantaged and marginalized groups) in decisions and actions on health.

A healthy people are a prosperous and developing people. Health has, by its very nature very strong influence and impacts on many aspects *of a country's population from the cradle to the grave*. The challenge for elected representatives and Parliaments within the SADC and East African Regions is to champion the need for equity in health. This in turn will contribute to significant improvements in the lives of the poor and high risk groups that can result when the correct policies are adopted and implemented.

Given the historic and ongoing challenges confronting many Southern and East African Parliaments it is clear that unless additional 'independently mobilized yet complementary resources and funding are secured the important work carried out by Parliaments will be compromised and remain largely ineffective.

It is also possible that the deterioration and potential collapse of health sectors will remain one of the greatest challenges of Sub-Saharan governments. This situation will continue to exacerbate the rising mortality and morbidity brought on by HIV&AIDS among the poor and vulnerable sections of the populations in various countries.

The mobilization and allocation of resources is largely an Executive function albeit with the concurrence and endorsement of Parliament. It is often assumed that public input is solicited and brought to the attention of the Executive by Parliament and its committees.

However the oversight role of Parliament in the governance process has in many countries been relegated to that of endorsing policies and decisions made by the Executive even when the population is being disadvantaged by such processes and practices.

Parliaments in the SADC region and elsewhere on the African continent are often disadvantaged by the lack of expertise and inadequate financial resources to influence the Executive on important policies. Parliamentarians and their constituents are frequently frustrated when their recommendations on such critical matters as sectoral budget allocations for health, education and social welfare are only received but not acted on by their national governments. Parliamentary committees are also constrained to carry out their oversight role especially collecting public opinion due to the absence of political will and the lack of a culture of separation of powers. The Alliance provides a unique opportunity for parliamentarians to galvanize concerted and

coordinated effort at national, regional and international level to effectively address these and other constraints that have hitherto hindered their performance effectiveness.

## **2.2 SEAPACOH's Distinctive Competence**

The Alliance enjoys a direct relationship with national Parliaments that places it in a unique position to use evidence based research to influence legislation, policies and programs.

# **3.0 PRIORITY AREAS, STRATEGIC OBJECTIVES AND INTERVENTIONS**

## **3.1 Priority Areas of Focus**

The health sector priorities identified for attention by the Alliance during the next five years include:

- Ensuring needs-based resourcing of the health sector
- Ensuring effective domestication, implementation and compliance with agreed upon commitments in the health sector by governments, and
- Ensuring sustainability of the Alliance

## **3.2 Goal, Objectives and Strategic Interventions**

The overall goal of the SEAPACOH strategic plan is to ensure sustained nurturing of a culture of health as a basic human right and establish consistent collaboration among Parliamentary Committees on Health in East and Southern Africa as a means of achieving individual and regional objectives. This goal is to be achieved, inter alia, by working to empower communities and involving relevant organizations.

The specific objectives, strategies, key interventions and major outcome indicators for each of the three priority areas of focus are presented in the annexed Strategic framework.

## 4.0 MONITORING AND EVALUATION STRATEGY

The performance of SEAPACOH's Strategic Plan and annual work programs will be monitored by means of output and outcome indicators, some of which are given in the strategic framework. Performance will be reported by the Alliance by means of periodic reports and in a number of meetings targeting identified stakeholders. To this end, it will be necessary to strengthen the capacity of the major M & E actors and stakeholders including the SEAPACOH Secretariat, Steering Committee, SEAPACOH AGM, National Parliaments, Ministries of Health in member countries, Non-Governmental Civil Society Organizations (NGOs and CSOs) and the Communities.

Additionally, some independent evaluation of the performance of the Alliance might be undertaken within the framework of MOUs between SEAPACOH and any of its partners.

A key pre-condition for successful implementation of the Alliance's Strategic Plan is that the ESA Region shall enjoy sustained Parliamentary democracy.

# SEAPACOH's Strategic Framework

No	Priority Area	Objective	Strategy	Key Activities	Outcome Indicators
1	Needs-based resourcing of the health sector	To ensure equity in health sector resource allocation (human, financial and others)	<p>Continuous skills development for MPs to competently play their role in budget processes, advocacy, lobbying and information access</p> <p>Ensuring timely access to evidence-based data and information</p>	<ul style="list-style-type: none"> <li>- Plan and implement needs –based re-tooling seminars &amp; workshops</li> </ul>	<ul style="list-style-type: none"> <li>- Parliamentary Committees on Health effectively influencing budgetary allocations</li> <li>- Committees demonstrating effective leadership in priority areas of public health and health equity</li> <li>- Stronger public participation in decisions on health issues</li> </ul>
			<p>Building strategic alliances and partnerships at all levels</p>	<ul style="list-style-type: none"> <li>- Improve Parliamentary Information Resource centers</li> <li>- Source funding to support research assistance for MPs</li> <li>- Review health budgets to determine whether there is equity in the appropriations</li> <li>- Develop agreed Agenda for Policy Advocacy</li> </ul>	<ul style="list-style-type: none"> <li>- Relevant and updated Parliamentary Libraries</li> <li>- Competent Research Assistants for MPs</li> <li>- Links in each country between parliaments and relevant resources for evidence in state and civil society</li> <li>- Shared agenda with relevant organizations nationally and regionally for policy advocacy</li> </ul>
2	Domestication, implementation and compliance with agreed upon commitments in the health sector	To ensure timely domestication, effective implementation and compliance with agreed upon commitments	<p>Effective involvement of Parliamentarians in the processes leading to signing health sector related agreements, protocols and compliance thereof</p>	<ul style="list-style-type: none"> <li>- Establish updated database on key stakeholders at national, regional and international level</li> <li>- Develop program for sharing information &amp; experiences on regular basis</li> <li>- Negotiate &amp; implement MOUs with key partners</li> </ul>	<ul style="list-style-type: none"> <li>- Strong and influential voice on priority areas of public health and health equity in ESA Region</li> </ul>
			<p>Initiate amendment of legislation, as may be necessary, to embed MPs role in regional/ international health sector agreements/ protocols</p> <p>Monitor, evaluate and report progress to Parliament and the Public</p>	<ul style="list-style-type: none"> <li>- All relevant Health Sector Commitments duly complied with/status reported on regular basis</li> </ul>	



3	Sustainability of the Alliance	SEAPACOH is able to service its administrative budget by end of plan period	Implement innovative resource mobilization <ul style="list-style-type: none"> <li>• <i>Effective membership mobilization</i></li> <li>• <i>Innovative financing of partnership and theme events</i></li> </ul> Building internal capacity for governance and management	<ul style="list-style-type: none"> <li>-Develop 2-Year/Annual Work Plan &amp; Budget</li> <li>-Finalize and market SEAPACOH provisional Funding Proposal (Jan. 2009-Dec.2011)</li> <li>-Communicate clear timelines for members to meet their obligations</li> <li>-Formalize the terms and conditions of Secretariat staff</li> <li>-Establish basic financial and administrative support systems</li> <li>-Implement skills development program for SC members</li> <li>-Establish agreed Annual Schedule of SC and AGM Meetings</li> <li>-Prepare and disseminate Minutes of all meetings in timely manner</li> </ul>	Steadily improved financial status of the Alliance
				<ul style="list-style-type: none"> <li>-Establish a computerized MIS to support a vibrant SEAPACOH Communication Strategy</li> </ul>	A well-publicized Alliance impacting Health Sector Issues in the ESA Region
			<ul style="list-style-type: none"> <li>Effective documentation and MIS to support the work of SEAPACOH for institutional memory</li> </ul>	<ul style="list-style-type: none"> <li>Negotiate formal recognition as a key stakeholder in regional health issues by relevant RECs</li> </ul>	MOUs operationalized to recognize SEAPACOH's contribution in the priority areas of public health and health equity in the ESA Region
			<ul style="list-style-type: none"> <li>Formal linkages with RECs (EAC/EALA ,SADC PF, ECSA Health Community, AU, WHO Afro-Regional Committees and Ministers Meetings)</li> </ul>		

## APPENDIX: A SWOT PROFILE OF SEAPACOH

The strategic reflection undertaken by the Steering Committee members and their partners during the SC Meeting held April 6-9 2009 in Kampala, Uganda, identified the Alliance's key strengths, weaknesses/constraints, opportunities and challenges as indicated below.

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>• Strong strategic linkages/partnerships/fairly strong mechanisms for translating evidence-based research into policy</li> <li>• A credible reputation</li> <li>• Existing foundation documents including a Constitution</li> <li>• Growing membership from the original 4 to current 16 Member Parliamentary Committees</li> <li>• Strong commitment of members and the Steering Committee (executive)</li> <li>• Rich experience of working in the region</li> <li>• Systems for effective communication</li> <li>• Held several important executive meetings following a decision to convene periodic executive meetings</li> <li>• Participated in several high level advocacy meetings to articulate the Alliance's contribution to the mission of health for all.</li> <li>• Sharing experiences and developed resolutions to guide the work of MPs</li> <li>• Introduced and or influenced legislation, policy and programs at national and regional level</li> </ul>	<ul style="list-style-type: none"> <li>• No regular AGMs</li> <li>• Limited financial resources</li> <li>• No legal identity</li> <li>• No fully fledged secretariat</li> <li>• Different perceptions and understanding of the health priorities by the alliance members</li> </ul>
Opportunities	Threats
<ul style="list-style-type: none"> <li>• SEAPACOH's mission is embedded in the Constitutional role and responsibility of Parliament vis-a-vis the other roles of government agencies</li> <li>• Wide and growing recognition by key stakeholders</li> <li>• Increased interest in the work of the Alliance by stakeholders at national, regional and international levels</li> <li>• Increased community awareness, empowerment and participation in demanding their fundamental right to health</li> <li>• Existence of political will as demonstrated in the international &amp; regional agreements, protocols and frameworks.</li> </ul>	<ul style="list-style-type: none"> <li>• Frequent turnover of the membership following periodic elections in member countries</li> <li>• Existence of competing parliamentary structures</li> <li>• Actual and potential national/ regional conflicts and instability</li> <li>• Competing donor and stakeholders priorities</li> <li>• Lack of functional democracy in some countries</li> <li>• Competing development priorities</li> <li>• High poverty levels</li> </ul>





**Supported by:**  
**Partners in Population and Development (PPD)**  
**Africa Regional Office**

Statistics House 9 Colville Street  
P.O.Box 2666 Kampala-Uganda  
Tel: (+256) 414-705-446  
website: <http://ppdafrica.org>